# Professional Education Supplemental Pool Survey

**General Information**

| | |
|---|---|
| Operating Certificate Number: | |
| Hospital Name: | |
| Address: | |
| | |
| Consortium (if applicable): | |
| I certify the submitted data is accurate and complete to the best of my knowledge. | YES |
| Administrator / CEO: | |
| Title: | |
| Contact's Name: | |
| Title: | |
| Phone Number: | |
| Fax Number: | |
| Email: | |
| Base Period (1995 or 1996): | |

# Professional Education Supplemental Pool Survey

**Survey Questions**

Year: 2002 Facility:

| Questions: | Base Period | Rate Period | Previous Rate |
|---|---|---|---|
| 1. Number of Residents in Accredited Programs | | 0.00 | |
| 2. Number of Residents in Non-Accredited Programs | | 0.00 | |
| 3. Number of Residents training in Ambulatory Care Sites | | 0.00 | |
| 4. Number of Residents training in Ambulatory Care Sites located in Underserved Areas | | 0.00 | |
| 5. Number of Designated Priority Programs | | 0.00 | |
| 6. Number of Non-Designated Priority Programs (with 5 or more Residents) Eliminated from the Base Period | | 0.00 | |
| 7. Number of Residents in Designated Priority Programs | | 0.00 | |
| 8. Number of Underrepresented Minority Residents | | 0.00 | |
| 9. Number of Faculty with Medical School Appointments | | 0.00 | |
| 10. Number of Faculty with Medical School Appointments who are Underrepresented Minorities | | 0.00 | |